US BANK/STATE OF UTAH PURCHASING CARD APPLICATION 0F REQUEST SITE COORDINATOR INFORMATION ☐ New Account ☐ Plastic □ Non-Plastic Site Coordinator Full Name ☐ Account Change APPLICANT INFORMATION Department Name First Name _____ MI _____ Division Name Last Name _____ Suffix _____ Social Security Number **Employment Mailing Address** (List if different than applicant's address. All cards will be sent to the site coordinator.) Department Name Division Name (Embossed on Card) Work Phone Alternate Phone Current Employment Mailing Address **ACCOUNTING INFORMATION** (To be filled out by Site Coordinator.) City Alternate Phone FINET & Paper Reports Coding Work Phone Home Phone CLEARING ACCOUNT INFORMATION Fund Agency Agency (Please call (801) 537-9243 if any of the above information changes.) 0rg 0rg _____ Sub _ Approp Approp ACCOUNT INFORMATION **Object Object** Activity Activity Monthly Credit Limit Single Transaction Limit Category Category Project Project CHANGE ACCOUNT INFORMATION AUTHORIZATION Account Number ___ Current Name on Card Applicant Signature Date To: \$ _____ ☐ Monthly Credit Limit Change Applicant Manager Signature To: \$ _____ ☐ Single Transaction Limit Change Date ____ ☐ Account Closure Site Coordinator Signature ■ Name Change To: _____ Accounting Code Information Clearing ☐ FINET ☐ Both (Please indicate changes in column 2 of this form.) **ePurchasing** Office Use Only Employment Address Change Former Address: Date Application Received Date Application Entered Phone Number Change Work Alternate Home New Account Number Date Authorization Form Returned Other, Explain: Date Card Received Date Card Distributed Date of Change 35587

03645

us bank

State of Utah

Purchasing Card